

DEC 10 2004

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8
 I hereby certify that this correspondence, totaling 4 pages including rechecked attachments, is being facsimile transmitted to the United States Patent and Trademark Office at facsimile no.: 703-872-9308 (Central number) on the below date:
 Date: 12-10-04 Name: Shirley Courcy Signature: Shirley Courcy

BRINKS
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GILSON
& LIONE

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE:

In re Appln. of: Kirk E. Neet
 Appln. No.: 10/723,527
 Filed: November 26, 2003
 For: Alternator Stator Having A Multiple Filar Construction To Improve Convective Cooling

Examiner: Diang D. Le
 Art Unit: 2834

Attorney Docket No: 10541-1863

Mail Stop Amendment
 Commissioner for Patents
 P. O. Box 1450
 Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

- ☒ Supplemental Information Disclosure Statement; PTO-1449 (1 Sheet)
☐ Return Receipt Postcard

Fee calculation:

- ☐ No additional fee is required.
☐ Small Entity.
☐ An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
☒ A petition or processing fee in an amount of \$180.00 under 37 C.F.R. § 1.17(b).
☐ An additional filing fee has been calculated as shown below:

	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Small Entity		or	Not a Small Entity	
					Rate	Add'l Fee		Rate	Add'l Fee
Total		Minus			x \$25=			x \$120=	
Indep.		Minus			x \$100=			x \$200=	
First Presentation of Multiple Dep. Claim					+ \$180=			+ \$330=	
					Total	\$		Total	\$

Fee payment:

- ☐ A check in the amount of \$_____ to cover the above-identified fee(s) is enclosed.
☒ Please charge Deposit Account No. 08-1500 (Visteon Global Technologies, Inc.) in the amount of \$180.00. A copy of this Transmittal is enclosed for this purpose.
☐ Payment by credit card in the amount of \$_____ (Form PTO-2038 is attached).
☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 08-1500.

12-10-04
 Date

Respectfully submitted,
Michael N. Spink
 Michael N. Spink (Reg. No. 47,107)

BEST AVAILABLE COPY

10723527

061500

01/03/2005 LSPRUELL 00000006

01 FC:1806 180.00 DA
02 FC:1251 120.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10723527

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20 = *	10
INDEPENDENT CLAIMS	2 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

RATE	FEE
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	770.00
X\$18=	180
X86=	
+290=	
TOTAL	950

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	12/06/04	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	* 28	Minus	** 30 = 1
Independent	* 2	Minus	*** 3 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	Minus	** =
Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.